State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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2. Acromy or abbreviated name, if any 2. Acromy or abbreviated name, if any 3. Committee telephone number 3.17 896-3738 4. Mailing address (address where at campaign finance correspondence is received) Check if this is a new address I I D N UN(D) STAGET S. City, state. 79 code WESTFIELD IN HECTY CANDIDATE INFORMATION (For Candidate's Committees Ginly) 8. Parry affiliation of if independent ROBALT I SYLEA CONVENTION CANDIDATE: NFORMATION (For Candidate's Committees Ginly) 8. Parry affiliation or if independent ROBALT I SYLEA CONVENTION CANDIDATE: NFORMATION (For Candidate's Committee Ginly) 10. Country of residence WESTFIELD TO NOT required for exploratory committee.) 11. Check one: WESTFIELD TO NOT required for exploratory committee.) 12. Reporting pence: WESTFIELD TO NOT required for exploratory committee.) 13. Convention of independent ROBALT I STAGE OF TO NOT REquired for exploratory committee.) 14. Cash on an an or westerness at the beginning of this reporting pence. 15. Candidate in an or westerness at the beginning of this reporting pence. 16. Convention or independent COLUMNA This Parriod Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15. Add lines 15a, and 15b in both columns 16. Add lines 15a, and 15b in both columns and lines 14 and 15c in Column B TOTAL 3.275.07 3.275.0	COMMITTEE INFORM	ATION		Article Landscon
2. Acronym or abbreviated name, if any 4. Mailing address where all campaign finance correspondence is received) 5. City, state, 2P code 10. N. Unit on Vitable CANDIDATEINFORMATION (For Candidate's Committee Candidat	Full name of committee (as on Statement of Organization) Check if this is a new name			
A. Mailing accress (address where all campaign finance correspondence is received) Check if this is a new address	BOB SHITH FOR WESTFIOLD TOWN COUNCIL			
4. Mailing address (address where all campaign finance correspondence is received)	2. Acronym or abbreviated name, if any			
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19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E)	17c. Add lines 17a and 17b in both columns	SUBTOTAL		
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails o file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-18.)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly N BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be termized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during he calendar year. Otherwise, this is optional.

	FIL	E NUMBI	ER	
Page _	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
NESTFIELD INDIANA 46074	Contributions: Direct In-Kind (describe)	300.00	300.00	2-26-2003
	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (# required) FARMER				
•	Contributions: Direct In-Kind (describe) Other Receipts:			
Sandalla da da Caranandian Manada C	☐ Interest ☐Loan ☐ Misc (specify)			
Contributor's Occupation (if required)				
· 6,6,	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
ontributor's Occupation (if required)		24.17		
	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
ontributor's Occupation (if required)				
	Contributions: Direct In-Kind (describe)			
anticlastical Commercian (formation of	Other Receipts: Interest □ Loan Misc (specify)			
ontributor's Occupation (if required)				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

VSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly V BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse ide. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary heet. All cumulative contributions from corporations OVER \$100 per contribution, within a calendar year MUST e itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan roceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) VER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular arty committee).

	FILE	NUMBE	R	
Page	3	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code) CH LAND LLC 12401 OLD MERIDIAN ST.	Contributions: Direct In-Kind (describe)	PERIOD 250,€	YEAR-TO-DATE	4-3-2003
CARHEL, IN. 46032	Other Receipts: Interest I Loan Misc (specify)			- Jaco
P.O. Box 792	Contributions: Direct In-Kind (describe)	500, €	500.°2	4-3-2003
CARMEL, IN, 46082	Other Receipts: Interest □ Loan □ Misc (specify)			
FLYNN & ZINKAN PLANTY CO. 5332 N. TEMPLE AVE.	Contributions: Direct In-Kind (describe)	3∞.00	300. °	4-4-2003
INDIANAPOUS, IN. 46220	Other Receipts:			
2816 W. 19320 St.	Contributions: Direct In-Kind (describe)	400,65	400.0°	4-1-2003
WESTFIELD, IN, 46074	Other Receipts: Interest □Loan Misc (specify)			
RKI AGENCY INC JOHN KILLY AGENCY 302 W. MAIN ST	Contributions: [Violent of the contribution of the contributions of the contribution of the contribution of the contribution of the contributions of the contribution of th	200.00	200 th	4-2-2003
WESTFIGED, IN. 46074	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL THE TOTAL OF ALL PAGES OF SCHEDULE A O (Enter total on ITEM 15a of the Summary Si	S PAGE OF SCHEDULE A IN THE LAST PAGE ONLY heet)	\$ 1,650.		



OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule over \$200 if regular party committee).

	FILE	NUMB	ER	
Page	4	_ of _	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
N/A	Contributions: Direct In-Kind (describe)			
77/7	Other Receipts:			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan □ Misc (specify)			
ek.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)	. 19.		
	Other Receipts: Interest Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan □ Misc (specify)			
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(Enter total on ITEM 15a of the Summary S		s		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please ype or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersnand in-kind contributions regardless of the amount from political action committees MUST be itemized on his schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of teposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, it is it is schedule (over \$200 if regular party committee).

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Page	5	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe)	PERIOD		
N/A	Other Receipts:			
-9	Contributions: Direct In-Kind (describe)			+1
	Other Receipts: Interest □ Loan Misc (specify)			
€ ₂ €.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts; (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	43
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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED	
ADDRESS : (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY	
N/A	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest □ Loan □ Misc (specify)				
2	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest □Loan Misc (specify)				
k. _{El} k.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest I Loan Misc (specify)				
	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Misc (specify)				
	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Misc (specify)				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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Page	7	of	10	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, fregular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CAUE & CO INC. 104 W. MAIN ST. WEST FIBLD IN 4607		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	404.92	40492	4-14-2003
BOLD IMPRESSIONS B39 CONNER ST. NOBLESUILLE, FN. 46060		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1169.71	1169.71	4-15-2003
code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
tode		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:			
ode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
ode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
ode		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:			
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$ 1574.63		
TOTAL OF AL (Enter total on	L PAGES OF SCHEDULE B O TIEM 17a of the Summary St	N THE LAST PAGE ONLY neet)	\$ 1574.63		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER	10-51 535

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

		NUMB	-14	
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Page	- 4	_ of	10	

1		PUBLIC QUESTION INFORMATION			
Enter Text of Public Question					
Type of Question: Statewide Loc Position: Supported Doposed	al	NA	,		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
_	Direct				
	□ In-Kind				
	Direct				
	□ In-Kind				
e/s.	□Direct				
	□ In-Kind				
-4	Direct				
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	Direct				
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	S	UB TOTAL THIS PAGE OF SCHEDULE C	s Ø		
TOTAL OF ALI (Enter total on	PAGES OF S	CHEDULE C ON THE LAST PAGE ONLY he Summary Sheet)	s Ø		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

 wed by This Con	
FILE NUMBER	
• .	

Page

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT NATURE OF DEBT	INCURRED	PAID EAR-TO-DATE	OUTSTAND BALANCE T PERIOD
				-	
ERS OCCUPATION					
DERS OCCUPATION:					
ERS OCCUPATION:					
ty.					
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RS OCCUPATION:			,		
RS OCCUPATION			- 100		
		SUB TOTAL	THIS PAGE OF SCH	EDULE D	\$ Ø
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				s- Ø	

OF A State Fo

OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER	5 . 5 . 5 . 5
Page	1.0 of 10)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, Z.P code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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		SUB TOTAL	THIS PAGE OF S	SCHEDULE E	s Ø
	TOTAL OF A	ALL PAGES OF SCHEDULE on ITEM 20 of the Summary	E ON THE LAST Sheet)	PAGE ONLY	s Ø